#### **APPLICATION DATA SHEET**

### **Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Sequence submission?::

None

Computer Readable Form (CRF)?::

No

Title::

Novel Lactams and Uses Thereof

Attorney Docket Number::

100848-1P US

Request for Early Publication?::

No

Request for Non-Publication?::

No

Small Entity?::

No

Petition included?::

No

Secrecy Order in Parent Application?::

No

### **Applicant Information**

**Applicant Authority Type:**:

Inventor

Primary Citizenship Country::

USA

Status::

Full Capacity

Given Name::

Christopher

Family Name::

Becker

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing Address::

P.O. Box 15437

City of mailing address::

Wilmington

State or Province of mailing address::

DE

Country of mailing address::

**USA** 

Postal or Zip Code of mailing address::

19850-5437

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Bruce

Family Name:: Dembofsky

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing Address:: P.O. Box 15437

City of mailing address:: Wilmington

State or Province of mailing address:: DE

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 19850-5437

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Robert

Family Name:: Jacobs

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing Address:: P.O. Box 15437

City of mailing address:: Wilmington

State or Province of mailing address:: DE

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 19850-5437

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: James

Family Name:: Kang

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing Address:: P.O. Box 15437

City of mailing address:: Wilmington

State or Province of mailing address:: DE

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 19850-5437

**Applicant Information** 

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Cyrus

Family Name:: Ohnmacht

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing Address:: P.O. Box 15437

City of mailing address:: Wilmington

State or Province of mailing address:: DE

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 19850-5437

**Applicant Information** 

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: James

Family Name:: Rosamond

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing Address:: P.O. Box 15437

City of mailing address:: Wilmington

State or Province of mailing address:: DE

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 19850-5437

**Applicant Information** 

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Ashokkumar Bhikkappa

Family Name:: Shenvi

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing Address:: P.O. Box 15437

City of mailing address:: Wilmington

State or Province of mailing address:: DE

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 19850-5437

**Applicant Information** 

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Thomas

Family Name:: Simpson

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing Address:: P.O. Box 15437

City of mailing address:: Wilmington

State or Province of mailing address:: DE

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 19850-5437

**Applicant Information** 

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: James

Family Name:: Woods

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing Address:: P.O. Box 15437

City of mailing address:: Wilmington

State or Province of mailing address:: DE

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 19850-5437

**Correspondence Information** 

Correspondence Customer Number 22466

**Representative Information** 

Representative Customer Number 22466

## **Domestic Priority Information**

Application::	Continuity	Parent	Parent Filing Date::
	Type::	Application::	
This application	National Stage of	PCT/SE2003/001534	02 October 2003

# **Foreign Priority Information**

Country::	Application No.::	Filing Date::	Priority Claimed::
SE	0202929-6	03 October 2002	Yes

## **Assignee Information**

Assignee name::

AstraZeneca AB

Street of mailing address

R&D Headquarters

**Global Intellectual Property Patents** 

City of mailing address::

Södertälje

Country of mailing Address

Sweden

Postal or Zip Code of mailing

SE-151 85

address::